EXHIBIT C

Case 06-10725-gwz D0C 8462-	.g Fii	reten 00/12/11 10:2	7:09 Pag	e 2 01 10
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request' for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		.Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address 1132124203415	5	statement giving particulars Check box if you have	DEBTORS YOU I	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT
BRUGGEMANS PAUL 385 WEST TAHQUITZ CANYON WAY PALM SPRINGS CA 92262		never received any notices from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
Creditor Telephone Number ()		Check box if this address differs from the address on the envelope sent to you by the court	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check berg Treplac		
Ace# 1102 CLIENT# 13	343	if this claim amen	a previously	filed claim dated
Goods sold Personal injury/wrongful death	Retiree I	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed Taxes	-	salaries and compensation (digits of your SS #	fill out below)	Other claims against service (not for loan balances)
Money loaned		compensation for services pe	rformed from	to
				(date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descr		unt of the claim at t	he time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	a right of setoff)	our claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of your entitled to priority	our claim is		collateral MA	RGUARITH ANNE
UNSECURED PRIORITY CLAIM		Real Estate		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		2.600.000
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim, if any	s tunf	AND INTEREST
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages, salaries or commissions (up to \$10 000)* earned within 180 days		Up to \$2 225* of deposits towa services for personal family of	ard purchase Tease or household use -1	or rental of property or 1 U.S.C. § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units -	11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable para		
		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 ar aced on or after the	nd every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED	20	20.000\$		\$ 200.000
(unsecured)	•	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the GREDITS. The amount of all payments on this claim has been cred				"
7 SUPPORTING DOCUMENTS Attach copies of supporting documents are not available explain. If the documents are not available explain.	<u>iments,</u> su agreement	ich as promissory notes pure s. and evidence of perfection	chase orders, inv	nices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stamped	d self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	, prevailin	a Pacific time, on November	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	Attn USA	.CM Claims Docketing Center	FIL	ED JAN 11 2007
El Segundo CA 90245-0911	El Seguno	t Franklin Avenue do, CA 90245		
SIGN and print the name and title if any of the this claim (attach copy of power of attorn	e creditor or ney if any)	other person authorized to file	106BE	TANG
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	nt for up to	5 years or both 18 U.S.C. §§ 1	152 AND 3571	USA CMC

Case 06-10725-gwz Doc 8462-3 E	Intered 06/15/11 16:57:09 Page 3 of 10
PR	OOF OF CLAIM
Name of Debtor Case N	lumber
USA CUMMERCIAL MORGAGE COMPANY	-10725 (132)
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are
arising after the commencement of the case. A "request" for payment of an	aware that anyone else has
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of
Name of Creditor and Address	statement giving particulars
11321241002110	Check box if you have
JOHN P CLENDENING & DOREEN S CLENDENING 1250 DAVIDSON WAY	never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A
RENO NV 89509-3141	BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
	Check box if this address on the differs from the address on the
	envelope sent to you by the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (773) 771 - 080 C	court THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces or a previously filed claim dated
	If this claim amends
	benefits as defined in 11 U S C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death Wages	salaries and compensation (fill out below) Other claims against servicer (not for loan balances)
	ur digits of your SS #
Unpaid Unpaid	compensation for services performed from to
2 DATE DEBT WAS INCURRED 7-36-04 3 IF	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des	
See reverse side for important explanations	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your clair	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim i	a right of setoff)
entitled to priority UNSECURED PRIORITY CLAIM	Bnef description of collateral
Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other
entitled to priority	Value of Collateral \$
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in secured claim if any \$ 65,671 67
Specify the priority of the claim	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) earned within 180 days	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
business whichever is earlier 11 U.S.C. § 507(a)(4)	Other Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 65,0	
AT TIME CASE FILED (unsecured)	(secured) (pnonty) (Total)
Check this box if claim includes interest or other charges in addition to the princip	al amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and	deducted for the purpose of making this proof of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting documents.	such as promissory notes purchase orders, invoices, itemized statements of
running accounts contracts, court judgments mortgages, security agreeme DOCUMENTS If the documents are not available explain if the document	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing or	•
proof of claim	
The original of this completed proof of claim form must be sent by mai ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporat	ing Pacific time, on November 13, 2006 USE ONLY
governmental units)	
BMC Group BMC G	oup FILED NOV 9 6 2006
	SACM Claims Docketing Center ILLD
El Segundo CA 90245-0911 El Segu	ndo CA 90245
DATE SIGN and print the name and title if any of the creditor	or other person authorized to file USA CMC
10/30/2006	JOHN ? CLENSENING
	1072501024

Case 06-10725-gwz Doc 8462	2-3 E	ntered 06/15/11 16	6:57:09 Pa	age 4 of 10
UNITED STATES BANKRUPTCY COURT	PRO	OF OF CLAIM		
DISTRICT OF NEVADA				
Name of Debtor	Case Nu	mber		
	479. 4	4 3 2 7	Str.	. 1. 100
USA COMMERCIAL MORTGAGE CO.	06	-10725_LBR	750,000	UNSECURES
NOTE. See Reverse for List of Debtors and Case Numbers		п		
This form should not be used to make a claim for an administrative expeansing after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and Address: 11321240000 2	.61	statement giving particulars		
WILLIAM DUPIN & PENNY DUPIN		Check box if you have never received any notices		TA WUEK
545 COLE CIRCLE		from the bankruptcy court or BMC Group in this case	•	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
INCLINE VILLAGE, NV 89451		Check box if this address differs from the address on the		ady filed a proof of claim with the
Creditor Telephone Number () 775 831 9687		envelope sent to you by the court.		r BMC you do not need to file again
Last four digits of account or other number by which creditor identifies d	ebtor	Chack hara Treplac		. 10 / OK COOK F COL CALL
		Check here if this claim amen	a previously t	iled claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Wages, s	alanes and compensation (fill out below)	Other claims against services (not for loan balances)
Services performed Taxes Money loaned Other (describe briefly)		digits of your SS#		(not for foati balances)
Minutely loaned Calcin (describe biletry)	Unpaid c	ompensation for services per	ntormed from	to
2 DATE DEBT WAS INCURRED	3 IF CO	OURT JUDGMENT, DATE O	BTAINED.	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	best descri	pe your claim and state the amou	int of the claim at the	e time case filed
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ 50,000 00		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) y	our claim		our claim is secure	d by collateral (including
exceeds the value of the property securing it, or if c) none or only part of you entitled to priority	ur claım ıs	a nght of setoff) Bnef description of	collataral	
UNSECURED PRIORITY CLAIM		Real Estate	_	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$	Other
Amount entitled to priority \$ 50,000 00		1		at time case filed included in
Specify the priority of the claim		secured claim if any		at three case med included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towa	rd purchase lease	or rental of property or
Wages salanes, or commissions (up to \$10 000)* earned within 180 days		services for personal family o		* ****
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)	片	Taxes or penalties owed to gov Other - Specify applicable para		. (,,,,,
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjus with respect to cases commen-	tment on 4/1/07 and	every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 50,000 66 \$		\$		\$
AT TIME CASE FILED (unsecured)	•	ecured)	(pnority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal a	mount of the claim Attach iter	mized statement of	all interest or additional charges
6. CREDITS The amount of all payments on this claim has been credit 7 SUPPORTING DOCUMENTS Attach copies of supporting documents.		- •		
running accounts contracts court judgments mortgages security ag DOCUMENTS If the documents are not available explain. If the do	greements ocuments	and evidence of perfection are voluminous, attach a sun	of lien. DO NOT nmary	SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of yo	our claim enclose a stamped	self-addressed e	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co	prevailing	Pacific time, on Novembe	r 13 2006	THIS SPACE FOR COURT USE ONLY
		R OVERNIGHT DELIVERY TO		
	BMC Grou Attn USA(p CM Claims Docketing Center		
P O Box 911	1330 East	Franklin Avenue		ED NOV 1 6 2006
		o CA 90245 other person authorized to file		and the property of the proper
this claim (attach copy of power of attorne	/		1	USA CMC
12 NOV 06 JFFA	no	er		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	t for up to 5	years or both 18USC §§ 1	52 AND 3571	1072501454

Case	06-10725-gwz Doc 8/62-			7:09 Page	5 of 10	
			OOF OF CLAIM			
Name of Debtor		Case Nu	mber 10725 LBR			
,	ANNEX	106-1			}	
This form should not be used arising after the commencer administrative expense may	of Debtors and Case Numbers I to make a claim for an administrative expent of the case A "request" for payment be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of			
DATED 7/9/9 C/O EDWAR 9932 ARBUG	1132124100050 LINE & LEAH KLINE FAMILY TRUST 11 ID KLINE AND LEAH KLINE TRUSTEES	14	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address on the envelope sent to you by the	SECURED INTER ONE OF THE DEE If you have aire	S PROOF OF CLAIM EST IN A BORROWEI TORS ady filed a proof of cla or BMC you do not ne	m with the
Creditor Telephone Number	(702 256-6439		court		E IS FOR COURT U	· ·
Last four digits of account or	other number by which creditor identifies $ARITA ANNEX$	debtor	Check here replace or amen	 a previously 	filea claim dated _	
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted prin	ncipal
Goods sold Services performed Money loaned	Personal injury/wrongful death Taxes Other (describe briefly)	Wages s	calanes and compensation (digits of your SS # compensation for services pe	fill out below)	Other claims a (not for loan ba	gainst servicer
Z money loaned		Onpaid 6	ompensation for services pe	normed from	(date)	(date)
2 DATE DEBT WAS INCUR	RED 7/27/04	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(dutc)	(date)
4 CLASSIFICATION OF CL See reverse side for importan		at best descri	be your claim and state the amo	unt of the claim at th	ne time case filed	
UNSECURED NONPRIORI Check this box if a) there is exceeds the value of the prentitled to priority	TY CLAIM \$ s no collateral or lien securing your claim or by roperty securing it or if c) none or only part of y		SECURED CLAIM Check this box if you a right of setoff) Brief description of		ed by collateral (ıncl	uding
UNSECURED PRIORITY CL			Real Estate	Motor Vehicle	Other	
entitled to priority	an unsecured claim all or part of which is		Value of Collateral	\$ 160.	000	
Amount entitled to priority	\$		Amount of arrearage ar	nd other charges		cluded in
Specify the priority of the c	laım		secured claim, if any	\$		
Wages salaries or commit before filing of the bankrup	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ssions (up to \$10 000)* earned within 180 days toy petition or cessation of the debtor's	;	Up to \$2 225* of deposits towas services for personal family of Taxes or penalties owed to go	or household use -1	1 U S C § 507(a)(7)	r
\	lier - 11 U S C § 507(a)(4) /ee benefit plan - 11 U S C § 507(a)(5)		Other Specify applicable part * Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 and	d every 3 years therea	fter
5 TOTAL AMOUNT OF CLA	AIM \$\$	105	060 \$			060
AT TIME CASE FILED	(unsecured)	,	ecured)	(priority)	(То	· '
Check this box if claim incl	ludes interest or other charges in addition to t	he principal	amount of the claim Attach ite	mized statement of	fall interest or addition	nal charges
7 SUPPORTING DOCUI	of all payments on this claim has been cre MENTS <u>Attach copies of supporting doc</u> cts court judgments, mortgages security cuments are not available, explain. If the	<i>uments,</i> su agreements	ch as promissory notes, pure s and evidence of perfection	chase orders invo	oices itemized state	ments of
8 DATE-STAMPED COP proof of claim	To receive an acknowledgment of the	ne filing of y	our claim enclose a stampe	d self-addressed	envelope and copy	of this
ACCEPTED) so that it is for each person or entiting governmental units)	pleted proof of claim form must be ser s actually received on or before 5 00 pn y (including individuals, partnerships, o	n, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FO USE ON	1
BY MAIL TO BMC Group Attn USACM Claims Doo P O Box 911 El Segundo, CA 90245-0		BMC Grou Attn USA 1330 East	OR OVERNIGHT DELIVERY TO IP CM Claims Docketing Cente It Franklin Avenue Io CA 90245	l	FILED OCT	1 0 200
DATE	SIGN and print the name and title if any of the	he creditor or	other person authorized to file			
10/106	this claim (attach copy of power of attor	mey if any)	rustee	Ę	USA (¢MC
Penalty for presenting fraudulent	t claim is a fine of un to \$500 000 or imprisonme	ent for un to	Syears or both 1811SC &&	152 AND 2571	107250	3547

SIGN and profit the name and tille if any of the creditor or other person authorized to file this plaim (attach copy of power of attorney if age) DATE

El Segundo, CA 90245-0911

El Segundo, CA 90245

Penalty for présenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

USA CMC

Case	06-10725-0WZ D06-846		ered ub/15/11 16 5	<u>7.09 Pag</u>	2 7 01 10
	Case 06-10725-lbr Clai		OOF OF CLAIM	Page 1 of 1	.0
Name of Debtor:		Case No	imber:	ł	
		06-	10725-LBR		
USA CommERC	SIAL MORTGAGE COMOR		0/25-200		
NOTE: See Reverse for Lie	t of Debtors and Case Numbers. / d to make a claim for an administrative	/			
jarlaing after the commencer	nent of the case. A "request" for payme	expense ent of an	Aware that anyone sine has		
Name of Creditor and	be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of		
	11321241001148	?	statement giving particulars.		
THE KENNETH H	+ Phyllis P. WYATT FAM	ILY TRUST	Check box if you have never received any notices		
KENNETH H. WYAT	T + Phyllis P. WYATT TRI	USTEE'S	from the bankruptcy court or BMC Group in this case.	DO NOT FILE TH SECURED INTER	iis proof of Claim for a rest in a borrower that is no
P.O. BOX 3704	400		Check box if this address	OME OF THE DE	STORS. Vedy filed a proof of claim with the
	IV 89137-0400		differs from the address on the envelope sent to you by the court.	Bankruptoy Court	t or BMC, you do not need to the again.
	()782-884-1832 rother number by which creditor identifi	ies debtor:			E IS FOR COURT USE ONLY
5311	The second section of the second section of the second section of the second section s		Check here replace	a previously	filed claim deted:
1. BASIS FOR CLAIM		Retiree I	cenefits as defined in 11 U.S.	C. § 1114(a)	Linremitted principal
Goods sold Services performed	Personal injury/wrongful death		salaries, and compensation (fill out below)	Other claims against service (not for loan beliences)
Money loaned	Other (describe briefly)	Last four	r digits of your SS #:	formed from: A	Her les to Usarjos
	UNREMETTED THIERE	ST	with custom for services per	romied from. 2	(dete) (dete)
2. DATE DEBT WAS INCUS			OURT JUDGMENT, DATE O		
4. CLASSIFICATION OF CL See reverse side for importan	AIM. Check the appropriate box or boxes it explanations.	thet best descr	-	un t of the clai m at t	he time case fied.
UNSECURED NONPRIOR			SECURED CLAIM Check this box if you	our claim is secu	red by colleteral (including
	is no collateral or lien securing your claim, or roperty securing it, or if c) none or only part (a right of setoff).		an of animoms for the said
entitled to priority.	AM		Brief description of	_	
Check this box if you have	en unsecured claim, alt or part of which is		Real Estate		_
emitted to priority. Amount entitled to priority	•		Value of Collateral:	(at time case filed included in
Specify the priority of the o	dain:		secured claim, if any:	10,208	14.3.5
Domestic support obligation	ons under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(_	Up to \$2,225° of deposits towe	rd purchase, least), or rental of property or
Wages, selectes, or commit	issions (up to \$10,000)*, earned within 180 of atcy petition or cassation of the debtor's	days	services for personal, family, of Taxes or penalties owed to go		177.
business, whichever is ear	fler - 11 U.S.C. § 507(a)(4).	È	Other - Specify applicable part		
Contributions to an employ	yee banefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases commen		
S. TOTAL AMOUNT OF CL	AIM \$	\$ 135,	208,35 \$		\$ 135,268,35
AT TIME CASE FILED:	(unsecured)	(6	secured)	(priority)	(Total)
Check this box if claim inc	dudes interest or other charges in addition	to the principal	amount of the claim. Attach ite	mized statement o	of all interest or additional charges.
7. SUPPORTING DOCUM	of all payments on this claim has been MENTS: <u>Attach cooles of supporting cools</u> , court judgments, mortgages, secur curnents are not available, explain. If the	documents, surity agreement	uch as promisso <mark>ry notes, purc</mark> is, and evide nce of perfection	thase orders, inv of lien. DO NO	oloes, itemized statements of
proof of claim.	PY: To receive an acknowledgment of				I envelope and copy of this
ACCEPTED) so that it is for each person or entit	npleted proof of claim form must be a actually received on or before 5:00 ty (including individuals, partnership	pm, prevailir	ng Pacific t ime, on Novemb e	or 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO: BMC Group		BY HAND	OR OVERNIGHT DELIVERY TO		
Attn: USACM Claims Do	cketing Center		AČM Claims Docketing Cente	f	
P. O. Box 911 El Segundo, CA 90245-0	0911		st Franklin Avenue do, CA 90245		·
DATE	SIGN and print the name and title, if any, this claim (stach copy of power of	of the creditor of	r other person authorized to file		
11/02/06	Intercent (season copy or pawer or		Tanitas		

peredicinalismos de la companya de Companya de la companya de la compa	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	mber:		
USA COMMERCIAL MORTGAGE CO		-06-10725 LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp ansing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address 11321241001313 MICHAEL J MALONEY & JO ANN L MALONEY REVOCABLE TRUST DATED 12/1/04 C/O MICHAEL J MALONEY & JO ANN L MALONEY TO 2198 PEYTEN PARK ST HENDERSON NV 89052-7053		statement giving particulars Check box if you have never received any notices from the bankruptcy court or	SECURED INTER ONE OF THE DEI if you have aire Bankruptcy Court	IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS Bady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Creditor Telephone Number (702 - 9/4 - 79/5 Last four digits of account or other number by which creditor identifies of	debtor			E IS FOR COURT USE ONLY
client ID 5588	Geoloi	Check here repla of this claim amer	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation (fill out below)	Other claims against services (not for loan balances)
Money loaned Other (describe briefly)		compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED 7/20/04-	3 IF C	OURT JUDGMENT, DATE (BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations		be your claim and state the amo		he time case filed
UNSECURED NONPRIORITY CLAIM \$	your claim	Check this box if y a night of setoff) Brief description of	f collateral	red by collateral (including
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	1	 -
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits tow	ard purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)	· _	services for personal family of Taxes or penalties owed to go		•,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable pail * Amounts are subject to adju		
0084	7	with respect to cases comme		
5 TOTAL AMOUNT OF CLAIM \$ 50,000 PINCERS	50,000	7	(pnority)	\$ 50,000 tia Torres
Check this box if claim includes interest or other charges in addition to the	,	secured) amount of the claim Attach ite	**	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts contracts, court judgments, mortgages security a DOCUMENTS If the documents are not available, explain. If the contracts of the proof of claim.	<u>uments.</u> so agreement documents	uch as promissory notes pur is, and evidence of perfection are voluminous, attach a su	chase orders inv of lien DO NO mmary	oices itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO BMC Group	n, prevailii corporatio	ng Pacific time, on Novemb ens, joint ventures, trusts a OR OVERNIGHT DELIVERY TO	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	Attn US/ 1330 Eas El Segun	ACM Claims Docketing Cent at Franklin Avenue do CA 90245	er til	ED NOV 0 6 2006
DATE SIGN and print the name and title if any of the this claim (attach popy of power of attor 11/3/2001 Michael Melaney			ones	USA CMC 1072501033
Penalty for presenting fraudulent claim is a fine of \$500 000 or impresonment	ent for up/fo	5 years or both 18 U S & §§	152 AND 3\$71	

2)		PRO	OOF OF CLAIM	rus Page	9 01 10
Name of Debtor		Case Nu	ımber		
USACM					
	of Debtors and Case Numbers	1			
	i to make a claim for an administrative expent of the case A "request" for payment		Check box if you are aware that anyone else has		
administrative expense may	be filed pursuant to 11 U S C § 503	Oi ali	filed a proof of claim relating		
Name of Creditor and	Address		to your claim Attach copy of statement giving particulars		
	1132124100071	14	Check box if you have		
JAMES W SI	HAW IRA RIE FLOWER CT		never received any notices from the bankruptcy court or	DO NOT FILE T	NO DECOT OF OF AMEROD A
RENO NV 8			BMC Group in this case	SECURED INTE	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NO
			Check box if this address	ONE OF THE DE	
			differs from the address on the envelope sent to you by the		ready filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number	7788517429		court	THIS SPAC	E IS FOR COURT USE ONLY
	other number by which creditor identifies	debtor	Check-here replace	ces	
1779			if this claim amen		filed claim dated
1 BASIS FOR CLAIM	T T	Retiree	penefits as defined in 11 U S	C & 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death		salanes, and compensation (Other claims against service
Services performed	Taxes	3	r digits of your SS #	iiii ode bolowy	(not for loan balances)
Money loaned	Other (describe briefly)		compensation for services pe	rformed from	to
	A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-				(date) (date)
2 DATE DEBT WAS INCUR			OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CL See reverse side for important	AIM Check the appropriate box or boxes that t explanations	at best descr	ibe your claim and state the amo	unt of the claim at	the time case filed
UNSECURED NONPRIORI	•		SECURED CLAIM		
	s no collateral or lien securing your claim or b)		a right of setoff)	our claim is secu	red by collateral (including
entitled to pnority	roperty securing it or if c) none or only part of y	our claim is	Brief description of	collateral	
UNSECURED PRIORITY CL	AIM		Real Estate	Motor Vehicle	e Π Other
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral	e e	, <u> </u>
Amount entitled to priority	\$			Ψad ather abarrace	at time case filed included in
Specify the priority of the cl	**************************************		secured claim if any	\$	at time case med included in
· · · · ·	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225* of deposits toward	ord purchase lease	or rental of property or
Wages salaries or commit	ssions (up to \$10 000)* earned within 180 days	š	services for personal family of		
	tcy petition or cessation of the debtor's ter - 11 U S C § 507(a)(4)	Ļ	Taxes or penalties owed to go		
Contributions to an employ	ee benefit plan - 11 U S C § 507(a)(5)	1	 Other - Specify applicable para * Amounts are subject to adjust 	•	• • • • • • • • • • • • • • • • • • • •
			with respect to cases commen		
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	\$ 50,000 \$		\$	-	\$ 53,500
	(unsecured)	•	secured)	(pnonty)	(Total)
Check this box if claim incl	udes interest or other charges in addition to the	he principal	amount of the claim Attach ite	mized statement of	of all interest or additional charges
	of all payments on this claim has been cre				
running accounts, contract	MENTS <u>Attach copies of supporting doci</u> cts court judgments, mortgages, security:	<i>uments,</i> su agreement	ich as promissory notes pure s, and evidence of perfection	chase orders inv	roices itemized statements of
DOCUMENTS If the doc	cuments are not available, explain If the	documents	are voluminous attach a sur	nmary	TOLIND ONIONAL
proof of claim	Υ To receive an acknowledgment of th	.,,			l envelope and copy of this
ACCEPTED) so that it is for each person or entity	pleted proof of claim form must be sen actually received on or before 5 00 pm y (including individuals, partnerships, o	n, prevailir	g Pacific time, on Novembe	er 13. 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group			OR OVERNIGHT DELIVERY TO	•	
Attn USACM Claims Doc	keting Center	Attn USA	up CM Claims Docketing Cente	r FII	ED DEC 0 8 2006
P O Box 911 El Segundo CA 90245-09	-	1330 Eas	t Franklin Avenue	3 40	
	SIGN and pant the name and title if any, of the	ne creditor o	do, CA 90245 r other person authorized to file		
1.11	this claim (attach copy of power of attor	ney any)	,		
12/6/06	James 1 2	han			USA CMC
*	- 0 = - = - 0500 000		5 a-hath 101100 ss.	450 AND 9574	1072501618

The control of the co	ES BANKRUPTCY RICT OF NEVADA	COURT	PRO	OF OF CL	_AIM			
Name of Debtor			Case Nu	mber				
USA Commer	eial Mortgage	Company	06-	10725 62	BR)			
NOTE See Reverse for Lis This form should not be use ansing after the commencer administrative expense may	ed to make a claim for a ment of the case A "re	n administrative exp quest for payment o		Check box if yo aware that anyone e filed a proof of claim your claim. Attach of	else has relating to			
2762 De Las Veq	orby Falli orby Falli ors, NV 891			Statement giving pai Check box if you never received any if from the bankruptcy BMC Group in this component of the differs from the addrenvelope sent to you	u have notices court or ase s address ress on the	ONE OF THE DE If you have air Bankruptcy Court	REST IN A BOR BTORS eady filed a prod or BMC you do	ROWER THAT IS NOT of of claim with the o not need to file again
Creditor Telephone Number) - b. t	court		THIS SPAC	E IS FOR CO	OURT USE ONLY
Last four digits of account o	r other number by which	n creditor identifies t	ертог	Check here If this claim	replac or amen	 a previously 	filed claim da	ited
1 BASIS FOR CLAIM			Retiree b	enefits as defined	in 11 U S	C § 1114(a)	Unremit	tted principal
Goods sold Services performed	Personal injury/w		•	alanes and compo	,	fill out below)	Other cl (not for	aims against service loan balances)
Money loaned	DOther (describe in Thus T	bnefly) Deed	Unpaid c	ompensation for se	ervices pe	rformed from	(date)	to
2 DATE DEBT WAS INCU	<u> </u>			OURT JUDGMENT				
4 CLASSIFICATION OF C See reverse side for importal		onate box or boxes that	best descri	oe your daim and sta	te the amo	unt of the claim at t	he time case file	∌d
UNSECURED NONPRIOR	•			SECURED C				
Check this box if a) there exceeds the value of the p	is no collateral or lien securoperty securing it or if c)			a right of	setoff)	our claim is secu	red by collater	al (including
entitled to priority UNSECURED PRIORITY C	LAIM				cnption of			
Check this box if you have entitled to priority	e an unsecured claim all o	r part of which is			Estate [Collateral		e Ll Othe	»r
Amount entitled to priority Specify the priority of the	· 			Amount of an secured clain		nd other charges \$	at time case	filed included in
Domestic support obligation	ons under 11 U S C § 507	'(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of de	eposits towa	ard purchase lease	or rental of pro	operty or
before filing of the bankru	nissions (up to \$10 000)* e ptcy petition or cessation o irlier 11 U.S.C. § 507(a)(of the debtors		services for person Taxes or penalties	owed to go	vernmental units -	11USC § 50	7(a)(8)
r	oyee benefit plan 11 U S (•	L	* Amounts are subj with respect to case	ect to adjus	stment on 4/1/07 at	nd every 3 years	s thereafter
5 TOTAL AMOUNT OF CL	AIM \$	\$	50,0			ood on or alter the		TO 000
AT TIME CASE FILED		ecured)		ecured)		(priority)	·	(Total)
Check this box if claim inc	•	•	•		Attach ite		of all interest or	
6 CREDITS The amount 7 SUPPORTING DOCU	of all payments on this	claim has been cred	lited and de	educted for the pur	pose of m	aking this proof	of claim	
running accounts contra DOCUMENTS If the do	acts court judgments no ocuments are not availal	nortgages security a ble explain if the d	greements ocuments	and evidence of a are voluminous at	perfection tach a sur	of lien DO NO nmary	T SEND ORIG	GINAL
8 DATE-STAMPED CO proof of claim	PY To receive an act	knowledgment of the	filing of yo	our claim enclose	a stamped	d self-addressed	l envelope and	d copy of this
The original of this con ACCEPTED) so that it if for each person or enti	s actually received on	or before 5 00 pm,	prevailing	g Pacific time, on	Novembe	er 13, 2006		ACE FOR COURT SE ONLY
governmental units) BY MAIL TO			•	OR OVERNIGHT DE				
BMC Group	aleston Ot		BMC Grou	p			USAC	
Attn USACM Claims Do P O Box 911 El Segundo CA 90245-0	-		1330 East	CM Claims Docket Franklin Avenue o CA 90245	ing Cente	Γ	1072501	46 2
DATE	SIGN and proft theynam	e and title if any of the	e creditor or		zed to file			
11-14-16	time claim/tattach	cop) of power of attorn	ey if any)	1				